

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-033010

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 253

Primary Registration District No. 4344

Registrar's No. 64

FILED AUG 26 1963

VS 300
Rev. 4/59

1 0700

2 0700

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1270-2

13 20

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

Montgomery

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN McKittrickLength of stay in 1b
Lifetimec. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTIONInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Montgomery

c. CITY
OR TOWN

McKittrick

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

OLLIE

PETERS

4. DATE
OF DEATH

Month

Day

Year

August 20

1963

5. SEX

FEMALE

6. COLOR OR RACE

Cau.

7. Married ☐
Widowed ☒Never Married ☐
Divorced ☐

8. DATE OF BIRTH

3-10-1880

9. AGE (last birthday)

83

IF UNDER 1 YEAR

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Homemaker

10b. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (City, and state or country)

Big Spring, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Wm. Gunby

13b. MOTHER'S MAIDEN NAME

Elizabeth Wilkening

14. NAME OF HUSBAND OR WIFE

Wm. F. Peters

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of)

No

NO.

17. INFORMANT

Address

Mrs. Herbert Meyer--RFD McKittrick, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral apoplexy

INTERVAL BETWEEN
ONSET AND DEATH

3 days

Conditions, if any,
which gave rise to
above cause, (a),
stating the under-
lying cause last.

DUE TO (b)

Cerebral arteriosclerosis

DUE TO (c)

Hypertensive cardio-vascular disease

20 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

January, 1956

Aug. 19, 1963

and last saw her alive on

8/19/63

Death occurred at

1:10 AM

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Hermann, Missouri

22c. DATE SIGNED

8/21/63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

8-23-1963

23c. NAME OF CEMETERY OR CREMATORY

St. Marcus Cemetery

23d. LOCATION (City, town, or county)

Rhineland,

(State)

Missouri

24. FUNERAL DIRECTOR

ADDRESS

Herman Blumer, Inc. Hermann, Mo.

25. DATE RECD. BY LOCAL REG.

8-21-63

26. REGISTRAR'S SIGNATURE

Laura B. Callaway

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Oswald Z. Grover

Licensed Embalmer No. 5187

P. O. Address Hermann, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.